

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12266

FILED  
Mar 01, 2011  
Secretary of State

**Entity Name:** FLORIDA INSTITUTE FOR WORKFORCE INNOVATION, INC.

**Current Principal Place of Business:**

309 STATE ROAD 26  
MELROSE, FL 32666

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 474  
MELROSE, FL 32666

**New Mailing Address:**

**FEI Number:** 59-2596359

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SCICCHITANO, MICHAEL  
633 NW 8TH STREET  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HERRERA, ELENA  
Address: 1111 12TH ST , SUITE 308  
City-St-Zip: KEY WEST, FL 33040 US

Title: TD  
Name: SOMMERHOFF, MARILYN  
Address: 19950 OVERSEAS HWY  
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: PD  
Name: SCICCHITANO, MICHAEL  
Address: 633 NW 8TH STREET  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: S  
Name: MILLER, KAY  
Address: 1201 SIMONTON ST  
City-St-Zip: KEYWEST, FL 33040 US

Title: VP  
Name: CLARK, TRENT  
Address: 4812 NE 255TH AVE  
City-St-Zip: MELROSE, FL 32666

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MIKE SCICCHITANO

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03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date